

FILED NOV 20 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 37862

| | | | | | | | |
|---|--|---|--|---|--|--|--|
| BIRTH NO. _____ | | REG. DIST. NO. 245 | | PRIMARY REG. DIST. NO. 3847 | | Registrar's No. 113 | |
| 1. PLACE OF DEATH a. COUNTY <u>NEWTON</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>NEWTON</u> | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>NEOSHO</u> | | c. LENGTH OF STAY (in this place) <u>RURAL</u> | | c. CITY (If outside corporate limits, write RURAL and give township) <u>NEOSHO</u> | | 0730 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>SALE MEMORIAL Hosp.</u> | | | | d. STREET ADDRESS (If rural, give location) <u>NEOSHO P.D. #3</u> | | | |
| 3. NAME OF DECEASED (Type or Print) | | a. (First) <u>John</u> | | b. (Middle) <u>WILLIAM</u> | | c. (Last) <u>JONES</u> | |
| 4. DATE OF DEATH | | (Month) <u>Nov.</u> | | (Day) <u>3</u> | | (Year) <u>1950</u> | |
| 5. SEX <u>MALE</u> | | 6. COLOR OR RACE <u>WHITE</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u> | | 8. DATE OF BIRTH <u>Nov. 17, 1883</u> | |
| 9. AGE (in years last birthday) <u>66</u> | | if UNDER 1 YEAR Months <u>11</u> Days <u>16</u> | | if UNDER 12 HRS. Hours <u>16</u> Min. <u>00</u> | | 10. AGE (in years last birthday) <u>66</u> | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>LABORER</u> | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (State or foreign country) <u>HASTINGS NEBRASKA</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | |
| 13a. FATHER'S NAME <u>UNKNOWN</u> | | 13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u> | | 14. NAME OF HUSBAND OR WIFE <u>GERTRUDE JONES</u> | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown) <u>NO</u> | | 16. SOCIAL SECURITY NO. <u>497-22-5840</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>GERTRUDE JONES</u> | | | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION <u>None</u> | | | | INTERVAL BETWEEN ONSET AND DEATH <u>24 hrs</u> <u>10 days</u> <u>4201</u> | |
| 19b. MAJOR FINDINGS OF OPERATION <u>None</u> | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | 21a. ACCIDENT SUICIDE HOMICIDE (Specify) | | | |
| 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) | | 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) | | | |
| 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? | | 22. I hereby certify that I attended the deceased from <u>Oct 25th</u> , 19 <u>50</u> , to <u>Nov 3rd</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>Nov 3rd</u> , 19 <u>50</u> , and that death occurred at <u>4:20 P.m.</u> , from the causes and on the date stated above. | | | |
| 23a. SIGNATURE <u>Melvin C. Bowman M.D.</u> | | 23b. ADDRESS <u>Neosho, Mo</u> | | 23c. DATE SIGNED <u>Nov 18-50</u> | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u> | | 24b. DATE <u>11-8-1950</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>NEOSHO I.O.O.F.</u> | | 24d. LOCATION (City, town, or county) (State) <u>NEOSHO MISSOURI</u> | |
| DATE REC'D BY LOCAL REG. <u>Nov. 10, 1950</u> | | REGISTRAR'S SIGNATURE <u>Melvin C. Bowman</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Corey Thompson</u> | | ADDRESS <u>Neosho Mo</u> | |

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No. Newton Co. N. D.

District File Number 1150-247

Date Filed 11/16/50

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by

Carley Thompson Jr.

Student Embalmer No. 384

working under my personal supervision.

Student Carley Thompson Jr.
Student Embalmer

Signed

Carley Thompson

Licensed Embalmer No. 3259

P. O. Address Neosho Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.